SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT **AS FILED** IND. DEP. IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL

TOTAL DEP.

TOTAL

TOTAL DEP.

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